

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-042275

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 30 1963

317

500590

3278

1. PLACE OF DEATH

a. COUNTY St Louis County

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Ladue, Mo.,

Length of stay in 1b
10 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 29 Magnolia Dr

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St Louis

c. CITY OR TOWN Ladue Mo

d. STREET ADDRESS (If outside, give location)
29 Magnolia Dr

Inside Limits
Yes ☐ No ☐

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
Lena Dilschneider Evens

4. DATE OF DEATH
Month Day Year
October 25 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

April 10, 1874

9. AGE (last birthday)

89

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10b. KIND OF BUSINESS OR INDUSTRY

France

11. BIRTHPLACE (City and state or country)

United States

13a. FATHER'S NAME

Matthews Dilschneider

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Late Fred W. Evens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv.

No

16. SOCIAL SECURITY NO.

Fred E. Evens 7725 Forsyth Blvd

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiovascular disease

Coronary Artery Disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

Smoking

INTERVAL BETWEEN ONSET AND DEATH

3 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1940 to 10/25/63 and last saw her alive on 10/24/63. Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

10-26-63

Calvary

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Kriegshauser WEST 9450 Olive Blvd

10-25-63

St Louis Mo
J. M. Murphy M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
1 4039
2 4039
3
4 1
5 2
6
7 2
8 2
9 422.1
10
11
12 91.0
13

*Dr. George Peck
730 Washington St
2-4 PM*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William B White

Licensed Embalmer No. 4291

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.